

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541746

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		1		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		1		1			63						
14		1		1			64						
15		0		2			65						
16		0		2			66						
17		0		2			67						
18		0		1			68						
19	1		1				69						
20		1		1			70						
21		1		1			71						
22		3		2			72						
23		0		2			73						
24		0		2			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	46	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			48				TOTAL CLAIMS						

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